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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO: Charles W. Nash  Charles W. Nash  Charles W. Nash  201 Taft St.  Gary, IN 46404  Attorney:
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges fo hospital care, treatment or maintenance of the above listed patient as follows:  1. The patient was admitted to the hospital on July 13, 2012  and was discharged from the hospital on July 13, 2012  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six hundred seventy five dollars and 00/100  (\$ 675.00
I Milica Damjanovic , being a Patient Representative for The Methodis Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoin are true and correct.  (2) Milica Damjanovic Milica Damjanovic
Subscribed and sworn to before me, a Notary Public, this $27^{10}$ day of $300^{10}$ , 2012.  My Commission Expires:  March 24,2019  A Resident of Sale County
I affirm, under the penalties for perjury, that I have taken reasonable care to redace each social security number in this document, unless required by law.
This Instrument Prepared By:  Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410  AMOUNT \$

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OVERAGE. COPY\_ NON-COM\_ CLERK\_